FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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FORM 1	ORGANIZATION					EECLMAIL CENTER
1. NAME OF COMMITTEE (in	ı full)	(Check if nai		xample:If typing, type wer the lines.	12FE4M	
ARKANSA	SCO	NGRESSIC	NAL C	CAUCUS	1.1.1.1	
			المالمال			
ADDRESS (number a	nd street)	P.O. BOX	3987	16		
(Check if address is changed)		MIAMI BEACH			FL	33239
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES					
(Check if	address	UScongre	ssiona	ICaucuses@	gmail.c	om
is change	d)					
COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if	address		1111		للللا	
is change	d)		4.4.4.	1-1-1-1-1-1-1-	<u> </u>	
2. DATE 111	l™ ′ 8 '	² ′ 20 12				
3. FEC IDENTIFIC	CATION NU	MBER	С			
4. IS THIS STATE	MENT 🛛	NEW (N)	OR	AMENDED (A)		
I certify that I have	examined thi	s Statement and to the	ne best of m	y knowledge and belief it	is true, corre	ct and complete.
Type or Print Name	of Treasurer	JERRY M	ICKEN	1DY		
Signature of Treasure	er <u> </u>	Dery of	Kef		Date 1	1°′08°′20′12′
NOTE: Submission of		-	-	subject the person signing t		to the penalties of 2 U.S.C. §437g. S.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)